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| EMD – 16B (revised 10/02) Michigan State Police Emergency Management Division | Flood Mitigation Assistance Program Quarterly Progress Report | Project #: |
| | | Quarters: <input type="checkbox"/> 1 st (Oct. to Dec.) <input type="checkbox"/> 2 nd (Jan. to March) <input type="checkbox"/> 3 rd (April to June) <input type="checkbox"/> 4 th (July to Sept.) |

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|-------------------------|--|------------------------|-----------------|
| 1. Date: | | 2. Declaration Number: | |
| 3. Name: | | | |
| 4. Title: | | | |
| 5. Organization/Agency: | | | |
| 6. Address/P.O. BOX: | | | |
| 7. City: | | 8. Zip: | |
| 9. Telephone Number: | | ext. | 10. Fax Number: |

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| 11. Project Title: |
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| 12. Date Project Started: | 13. Anticipated Completion Date: |
| 14. Funds Expended to Date: | 14a. Applicant Share Expended to Date: |
| 15. Anticipated Cost Overrun? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15a. If Yes, Indicate Amount: |
| 16. Anticipated Cost Underrun? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16a. If Yes, Indicate Amount: |

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| 17. Summary of Progress on the Project: |
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| 18. Project Status (check the appropriate box) <div style="margin-left: 40px;"> <input type="checkbox"/> (a) Project on schedule <input type="checkbox"/> (b) Project suspended <input type="checkbox"/> (c) Project delayed <input type="checkbox"/> (d) Project cancelled <input type="checkbox"/> (e) Project completed </div> |
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NOTE: IF B, C, OR D ARE CHECKED, PROVIDE EXPLANATION UNDER BOX 19 OR 21.

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| 19. Problems encountered during the Quarter: |
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20. Assistance Needed:

21. ADDITIONAL COMMENTS:

Note: If available, please submit “in-progress” photographs of the project for the project file.